

# Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 961277  
 FACILITY: H2-Oh-Yeah  
 LOCATION: 2134 C.R. 224  
 Ashley, OH 43003  
 COUNTY: Morrow  
 DISTRICT: CDO

STATUS:  
 PERMIT NUMBER:  
 STATION CODE:  
 MONITORING PERIOD :  
 REPORTING LAB:  
 ANALYST:  
 NO DISCHARGE INDICATOR:

Original  
 4MP00028\*AM  
 401  
 2020-05-01 To: 2020-05-31  
 Brookside  
 Erica Huber

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2020-05-01							
2020-05-02							
2020-05-03							
2020-05-04							
2020-05-05							
2020-05-06							
2020-05-07	7.68	.051	AA0.01	AA0.01	21.51	189.62	.30
2020-05-08							
2020-05-09							
2020-05-10							
2020-05-11							
2020-05-12	7.72	.054	AA0.01	AA0.01	21.31	184.93	.13
2020-05-13	7.76	.108	AA0.01	AA0.01	22.12	190.77	.18
2020-05-14							
2020-05-15							
2020-05-16							
2020-05-17							
2020-05-18							
2020-05-19							
2020-05-20							
2020-05-21							
2020-05-22							
2020-05-23							
2020-05-24							
2020-05-25							
2020-05-26							
2020-05-27							
2020-05-28							
2020-05-29							
2020-05-30							
2020-05-31							
Minimum	7.68	0.051	0.0	0.0	21.31	184.93	0.13
Maximum	7.76	0.108	0.0	0.0	22.12	190.77	0.3
Average		0.071	0	0	21.64667	188.44	0.20333
Count	3	3	3	3	3	3	3
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeff Williamson						Certification Version Date 2020-06-26 08:06	

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**FACILITY:**  
**LOCATION:**

961277  
H2-Oh-Yeah  
2134 C.R. 224  
Ashley, OH 43003

**COUNTY:**  
**DISTRICT:**

Morrow  
CDO

**STATUS:**  
**PERMIT NUMBER:**  
**STATION CODE:**  
**MONITORING PERIOD :**

Original  
**4MP00028\*AM**  
401  
**2020-05-01 To: 2020-05-31**

**REPORTING LAB:**  
**ANALYST:**  
**NO DISCHARGE INDICATOR:**

Brookeside  
Erica Huber

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-05-01						
2020-05-02						
2020-05-03						
2020-05-04						
2020-05-05						
2020-05-06						
2020-05-07	.324					
2020-05-08						
2020-05-09						
2020-05-10						
2020-05-11						
2020-05-12	.0891					
2020-05-13	.19556					
2020-05-14						
2020-05-15						
2020-05-16						
2020-05-17						
2020-05-18						
2020-05-19						
2020-05-20						
2020-05-21						
2020-05-22						
2020-05-23						
2020-05-24						
2020-05-25						
2020-05-26						
2020-05-27						
2020-05-28						
2020-05-29						
2020-05-30						
2020-05-31						
Minimum	0.0891					
Maximum	0.324					
Average	0.20289					
Count	3					

<b>Name of Responsible Official or Authorized Representative</b>  <div style="border: 1px solid black; padding: 5px; text-align: center;"> Jeff Williamson </div>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	<b>Signature of Responsible Official or Authorized Representative</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>Submission Date/Time</b>  <div style="border: 1px solid black; padding: 5px; text-align: center;"> Certification Version Date 2020-06-26 08:06 </div>
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**FACILITY:**  
**LOCATION:**

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H2-Oh-Yeah  
2134 C.R. 224  
Ashley, OH 43003

**STATUS:**  
**PERMIT NUMBER:**  
**STATION CODE:**  
**MONITORING PERIOD :**

Original  
**4MP00028\*AM**  
402  
**2020-05-01 To: 2020-05-31**

**COUNTY:**  
**DISTRICT:**

Morrow  
CDO

**REPORTING LAB:**  
**ANALYST:**  
**NO DISCHARGE INDICATOR:**

Brookeside  
Erica Huber

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-05-01							
2020-05-02							
2020-05-03							
2020-05-04							
2020-05-05							
2020-05-06							
2020-05-07							
2020-05-08							
2020-05-09							
2020-05-10							
2020-05-11							
2020-05-12							
2020-05-13							
2020-05-14							
2020-05-15							
2020-05-16							
2020-05-17							
2020-05-18							
2020-05-19							
2020-05-20							
2020-05-21							
2020-05-22							
2020-05-23							
2020-05-24							
2020-05-25							
2020-05-26							
2020-05-27							
2020-05-28							
2020-05-29							
2020-05-30							
2020-05-31							
Minimum							
Maximum							
Average							
Count							
<b>Name of Responsible Official or Authorized Representative</b>		I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			<b>Signature of Responsible Official or Authorized Representative</b>		<b>Submission Date/Time</b>
Jeff Williamson							<b>Certification Version Date</b>  2020-06-26 08:06

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**FACILITY:**  
**LOCATION:**

961277  
H2-Oh-Yeah  
2134 C.R. 224  
Ashley, OH 43003

**COUNTY:**  
**DISTRICT:**

Morrow  
CDO

**STATUS:**  
**PERMIT NUMBER:**  
**STATION CODE:**  
**MONITORING PERIOD :**

Original  
**4MP00028\*AM**  
402  
**2020-05-01 To: 2020-05-31**

**REPORTING LAB:**  
**ANALYST:**  
**NO DISCHARGE INDICATOR:**

Brookeside  
Erica Huber

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-05-01						
2020-05-02						
2020-05-03						
2020-05-04						
2020-05-05						
2020-05-06						
2020-05-07						
2020-05-08						
2020-05-09						
2020-05-10						
2020-05-11						
2020-05-12						
2020-05-13						
2020-05-14						
2020-05-15						
2020-05-16						
2020-05-17						
2020-05-18						
2020-05-19						
2020-05-20						
2020-05-21						
2020-05-22						
2020-05-23						
2020-05-24						
2020-05-25						
2020-05-26						
2020-05-27						
2020-05-28						
2020-05-29						
2020-05-30						
2020-05-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Jeff Williamson						Certification Version Date 2020-06-26 08:06

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<b>SUBMISSION ID:</b> <b>FACILITY:</b> <b>LOCATION:</b>  <b>COUNTY:</b> <b>DISTRICT:</b>	961277 H2-Oh-Yeah 2134 C.R. 224  Ashley, OH 43003  Morrow CDO	<b>STATUS:</b> <b>PERMIT NUMBER:</b> <b>STATION CODE:</b> <b>MONITORING PERIOD :</b>  <b>REPORTING LAB:</b> <b>ANALYST:</b> <b>NO DISCHARGE INDICATOR:</b>	Original <b>4MP00028*AM</b> 403  <b>2020-05-01 To: 2020-05-31</b>  Brookeside Erica Huber
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PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-05-01							
2020-05-02							
2020-05-03							
2020-05-04							
2020-05-05							
2020-05-06							
2020-05-07							
2020-05-08							
2020-05-09							
2020-05-10							
2020-05-11							
2020-05-12							
2020-05-13							
2020-05-14							
2020-05-15							
2020-05-16							
2020-05-17							
2020-05-18							
2020-05-19							
2020-05-20							
2020-05-21							
2020-05-22							
2020-05-23							
2020-05-24							
2020-05-25							
2020-05-26							
2020-05-27							
2020-05-28							
2020-05-29							
2020-05-30							
2020-05-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeff Williamson						Certification Version Date  2020-06-26 08:06	

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**FACILITY:** H2-Oh-Yeah  
**LOCATION:** 2134 C.R. 224  
 Ashley, OH 43003  
**COUNTY:** Morrow  
**DISTRICT:** CDO

**STATUS:** Original  
**PERMIT NUMBER:** 4MP00028\*AM  
**STATION CODE:** 403  
**MONITORING PERIOD :** 2020-05-01 To: 2020-05-31  
**REPORTING LAB:** Brookside  
**ANALYST:** Erica Huber  
**NO DISCHARGE INDICATOR:**

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-05-01						
2020-05-02						
2020-05-03						
2020-05-04						
2020-05-05						
2020-05-06						
2020-05-07						
2020-05-08						
2020-05-09						
2020-05-10						
2020-05-11						
2020-05-12						
2020-05-13						
2020-05-14						
2020-05-15						
2020-05-16						
2020-05-17						
2020-05-18						
2020-05-19						
2020-05-20						
2020-05-21						
2020-05-22						
2020-05-23						
2020-05-24						
2020-05-25						
2020-05-26						
2020-05-27						
2020-05-28						
2020-05-29						
2020-05-30						
2020-05-31						
Minimum						
Maximum						
Average						
Count						

<b>Name of Responsible Official or Authorized Representative</b>  <div style="text-align: center; font-size: 1.2em;">Jeff Williamson</div>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	<b>Signature of Responsible Official or Authorized Representative</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>Submission Date/Time</b>  <div style="text-align: center;"> <b>Certification Version Date</b>            2020-06-26 08:06         </div>
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SUBMISSION ID:	961277	STATUS:	Original
FACILITY:	H2-Oh-Yeah	PERMIT NUMBER:	4MP00028*AM
LOCATION:	2134 C.R. 224	STATION CODE:	602
	Ashley, OH 43003	MONITORING PERIOD :	2020-05-01 To: 2020-05-31
COUNTY:	Morrow	REPORTING LAB:	Brookeside
DISTRICT:	CDO	ANALYST:	Erica Huber
		NO DISCHARGE INDICATOR:	

PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rate	Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Total Estimate	Grab
2020-05-01							
2020-05-02							
2020-05-03							
2020-05-04	1.7960	2.2	.0002	27.6048	.3436		
2020-05-05							
2020-05-06							
2020-05-07						0	1.0080
2020-05-08							
2020-05-09							
2020-05-10							
2020-05-11	1.7355	1.0200					
2020-05-12							
2020-05-13							
2020-05-14							
2020-05-15							
2020-05-16							
2020-05-17							
2020-05-18	1.3500	.7400	.00002	26.0600	2.5032	0	1.0160
2020-05-19							
2020-05-20							
2020-05-21							
2020-05-22							
2020-05-23							
2020-05-24							
2020-05-25							
2020-05-26	1.3230	.9000					
2020-05-27							
2020-05-28							
2020-05-29							
2020-05-30							
2020-05-31							
Minimum	1.323	0.74	2.0E-5	26.06	0.3436	0.0	1.008
Maximum	1.796	2.2	2.0E-4	27.6048	2.5032	0.0	1.016
Average	1.55113	1.215	0.00011	26.8324	1.4234	0	1.012
Count	4	4	2	2	2	2	2
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeff Williamson						Certification Version Date 2020-06-26 08:06	

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**FACILITY:**  
**LOCATION:**

961277  
H2-Oh-Yeah  
2134 C.R. 224  
Ashley, OH 43003

**COUNTY:**  
**DISTRICT:**

Morrow  
CDO

**STATUS:**  
**PERMIT NUMBER:**  
**STATION CODE:**  
**MONITORING PERIOD :**

Original  
**4MP00028\*AM**  
602  
**2020-05-01 To: 2020-05-31**

**REPORTING LAB:**  
**ANALYST:**  
**NO DISCHARGE INDICATOR:**

Brookeside  
Erica Huber

PARAMETER	Sludge Solids, Percent Volatile	Freeboard	pH	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitrogen, Inorganic, Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1 / 2 Weeks	1 / 2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2020-05-01							
2020-05-02							
2020-05-03							
2020-05-04							
2020-05-05							
2020-05-06							
2020-05-07	39.7160	2	8.0800	60.000	.1640	.1776	
2020-05-08							
2020-05-09							
2020-05-10							
2020-05-11							
2020-05-12							
2020-05-13							
2020-05-14							
2020-05-15							
2020-05-16							
2020-05-17							
2020-05-18	38.1200	2					
2020-05-19							
2020-05-20							
2020-05-21							
2020-05-22							
2020-05-23							
2020-05-24							
2020-05-25							
2020-05-26							
2020-05-27							
2020-05-28							
2020-05-29							
2020-05-30							
2020-05-31							
Minimum	38.12	2.0	8.08	60.0	0.164	0.1776	
Maximum	39.716	2.0	8.08	60.0	0.164	0.1776	
Average	38.918	2		60	0.164	0.1776	
Count	2	2	1	1	1	1	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeff Williamson						Certification Version Date  2020-06-  26 08:06	



# Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY:

LOCATION:

H2-Oh-Yeah  
2134 C.R. 224  
Ashley, OH 43003

PERMIT NUMBER:

MONITORING PERIOD :

4MP00028\*AM

2020-05-01 To: 2020-05-31

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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